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Bib Data Sheet

CONFIRMATION NO. 3593

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/884,718  | <b>FILING DATE</b><br>06/18/2001<br><b>RULE</b>   | <b>CLASS</b><br>712           | <b>GROUP ART UNIT</b><br>2183   | <b>ATTORNEY DOCKET NO.</b><br>42390.P4900D |                                |
| <b>APPLICANTS</b><br>Edward T. Grochowski, San Jose, CA;<br>Hans J. Mulder, San Francisco, CA;  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A DIV OF 09/224,406 12/31/1998<br>WHICH IS A CIP OF 09/129,141 08/04/1998  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/11/2001</b>  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>WIM</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>16                  | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>David J. Kaplan<br>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP<br>12400 Wilshire Boulevard 7th Floor<br>Los Angeles, CA 90025  |   |                               |   |  |                                |
| <b>TITLE</b><br>Method and apparatus for performing predicate prediction  |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |